

FROM (SHIP NAME AND HULL NUMBER)		SERIAL #					
		DATE					
<b>TO</b> <input type="checkbox"/> NAVAL SEA SUPPORT CENTER _____ (Category A) <input type="checkbox"/> TYPE COMMANDER (Category B)							
<b>SUBJECT: PLANNED MAINTENANCE SYSTEM FEEDBACK REPORT</b>							
SYSTEM, SUB-SYSTEM, OR COMPONENT		APL/CID/AN NO./MK.MOD.					
SYSCOM MIP CONTROL NUMBER		SYSCOM MRC CONTROL NUMBER					
<b>DESCRIPTION OF PROBLEM</b>							
CATEGORY A		CATEGORY B					
<input type="checkbox"/> MIP/MRC REPLACEMENT		<input type="checkbox"/> TECHNICAL <input type="checkbox"/> TYCOM ASSISTANCE <input type="checkbox"/> OTHER (Specify)					
REMARKS							
ORIGINATOR & WORK CENTER CODE		DIV. OFFICER					
DEPT. HEAD		3-M COORDINATOR					
Originator do not write below. For TYCOM use only. <table> <tr> <td>TYCOM</td> <td><input type="checkbox"/> CONCUR</td> <td><input type="checkbox"/> DO NOT CONCUR</td> <td><input type="checkbox"/> TAKES ACTION</td> <td><input type="checkbox"/> PASSES FOR ACTION</td> </tr> </table>			TYCOM	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR	<input type="checkbox"/> TAKES ACTION	<input type="checkbox"/> PASSES FOR ACTION
TYCOM	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR	<input type="checkbox"/> TAKES ACTION	<input type="checkbox"/> PASSES FOR ACTION			
TYCOM REP SIGNATURE		DATE					

FROM (SHIP NAME AND HULL NUMBER)		SERIAL #
		DATE
<b>TO</b> <input type="checkbox"/> NAVAL SEA SUPPORT CENTER _____ (Category A) <input type="checkbox"/> TYPE COMMANDER (Category B)		
<b>SUBJECT: PLANNED MAINTENANCE SYSTEM FEEDBACK REPORT</b>		
SYSTEM, SUB-SYSTEM, OR COMPONENT		APL/CID/AN NO./MK.MOD.
SYSCOM MIP CONTROL NUMBER		SYSCOM MRC CONTROL NUMBER
<b>DESCRIPTION OF PROBLEM</b>		
CATEGORY A		CATEGORY B
<input type="checkbox"/> MIP/MRC REPLACEMENT		<input type="checkbox"/> TECHNICAL <input type="checkbox"/> TYCOM ASSISTANCE <input type="checkbox"/> OTHER (Specify)
REMARKS		
ORIGINATOR & WORK CENTER CODE		DIV. OFFICER
DEPT. HEAD		3-M COORDINATOR
Originator do not write below. For TYCOM use only.		
TYCOM	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR
		<input type="checkbox"/> TAKES ACTION
		<input type="checkbox"/> PASSES FOR ACTION
TYCOM REP SIGNATURE		DATE

FROM (SHIP NAME AND HULL NUMBER)		SERIAL #					
		DATE					
<b>TO</b> <input type="checkbox"/> NAVAL SEA SUPPORT CENTER _____ (Category A) <input type="checkbox"/> TYPE COMMANDER (Category B)							
<b>SUBJECT: PLANNED MAINTENANCE SYSTEM FEEDBACK REPORT</b>							
SYSTEM, SUB-SYSTEM, OR COMPONENT		APL/CID/AN NO./MK.MOD.					
SYSCOM MIP CONTROL NUMBER		SYSCOM MRC CONTROL NUMBER					
<b>DESCRIPTION OF PROBLEM</b>							
CATEGORY A		CATEGORY B					
<input type="checkbox"/> MIP/MRC REPLACEMENT		<input type="checkbox"/> TECHNICAL <input type="checkbox"/> TYCOM ASSISTANCE <input type="checkbox"/> OTHER (Specify)					
REMARKS							
ORIGINATOR & WORK CENTER CODE		DIV. OFFICER					
DEPT. HEAD		3-M COORDINATOR					
Originator do not write below. For TYCOM use only. <table> <tr> <td>TYCOM</td> <td><input type="checkbox"/> CONCUR</td> <td><input type="checkbox"/> DO NOT CONCUR</td> <td><input type="checkbox"/> TAKES ACTION</td> <td><input type="checkbox"/> PASSES FOR ACTION</td> </tr> </table>			TYCOM	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR	<input type="checkbox"/> TAKES ACTION	<input type="checkbox"/> PASSES FOR ACTION
TYCOM	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR	<input type="checkbox"/> TAKES ACTION	<input type="checkbox"/> PASSES FOR ACTION			
TYCOM REP SIGNATURE		DATE					

<b>FROM (SHIP NAME AND HULL NUMBER)</b>		SERIAL #  
		DATE
<b>TO</b> <input type="checkbox"/> NAVAL SEA SUPPORT CENTER _____ (Category A) <input type="checkbox"/> TYPE COMMANDER (Category B)		
<b>SUBJECT: PLANNED MAINTENANCE SYSTEM FEEDBACK REPORT</b>		
SYSTEM, SUB-SYSTEM, OR COMPONENT	APL/CID/AN NO./MK.MOD.	
SYSCOM MIP CONTROL NUMBER	SYSCOM MRC CONTROL NUMBER	
<b>DESCRIPTION OF PROBLEM</b>		
CATEGORY A	CATEGORY B	
<input type="checkbox"/> <b>MIP/MRC REPLACEMENT</b>	<input type="checkbox"/> <b>TECHNICAL</b> <input type="checkbox"/> <b>TYCOM ASSISTANCE</b> <input type="checkbox"/> <b>OTHER (Specify)</b>	
<b>REMARKS</b>		
ORIGINATOR & WORK CENTER CODE	DIV. OFFICER	
DEPT. HEAD	3-M COORDINATOR	
Originator do not write below. For TYCOM use only.		
<b>TYCOM</b>	<input type="checkbox"/> CONCUR	<input type="checkbox"/> DO NOT CONCUR
	<input type="checkbox"/> TAKES ACTION	<input type="checkbox"/> PASSES FOR ACTION
TYCOM REP SIGNATURE		DATE

<b>FROM (SHIP NAME AND HULL NUMBER)</b>		SERIAL #  
		DATE
<b>TO</b> <input type="checkbox"/> NAVAL SEA SUPPORT CENTER _____ (Category A) <input type="checkbox"/> TYPE COMMANDER (Category B)		
<b>SUBJECT: PLANNED MAINTENANCE SYSTEM FEEDBACK REPORT</b>		
SYSTEM, SUB-SYSTEM, OR COMPONENT	APL/CID/AN NO./MK.MOD.	
SYSCOM MIP CONTROL NUMBER	SYSCOM MRC CONTROL NUMBER	
<b>DESCRIPTION OF PROBLEM</b>		
CATEGORY A	CATEGORY B	
<input type="checkbox"/> MIP/MRC REPLACEMENT	<input type="checkbox"/> TECHNICAL <input type="checkbox"/> TYCOM ASSISTANCE <input type="checkbox"/> OTHER (Specify)	
<b>REMARKS</b>		
ORIGINATOR & WORK CENTER CODE	DIV. OFFICER	
DEPT. HEAD	3-M COORDINATOR	
Originator do not write below. For TYCOM use only.		
<div style="display: flex; justify-content: space-between;"> <span> <b>TYCOM</b> </span> <div> <input type="checkbox"/> CONCUR           <input type="checkbox"/> DO NOT CONCUR           <input type="checkbox"/> TAKES ACTION           <input type="checkbox"/> PASSES FOR ACTION         </div> </div>		
TYCOM REP SIGNATURE	DATE	

## INSTRUCTIONS

---

### 1. ORIGINATOR:

- a. Typewritten copies are preferred, however handprinted copies are acceptable. Use ballpoint pen and ensure all copies are legible.
- b. **EQUIPMENT IDENTIFICATION:** Fill in titled blocks that apply. Give as much information that can be determined. Ensure that correct APL number is used for hull, mechanical or electrical equipment or electronic/weapons equipment which does not have an Army-Navy number or mark/mod designation.
- c. **DESCRIPTION OF PROBLEM:** Check the appropriate box.

#### CATEGORY A

- (1) **MIP/MRC REPLACEMENT:** Ensure that PMS documentation request is current in accordance with latest SFR. For missing MIP's/MRC's, give SYSCOM control numbers when they can be determined. If SYSCOM control numbers cannot be determined, provide as much nameplate data as can be obtained. When ordering a variety of missing/worn MIP's/MRC's, the subject section shall be left blank.

#### CATEGORY B

- (2) **TECHNICAL:** (a) Identify specific discrepancy discovered in PMS by MRC control number, step number, etc.  
(b) For publication discrepancies identify publication by number, volume, revision date/number, change number, page, paragraph and or figure as appropriate.

*THIS FORM WILL NOT BE USED TO ORDER PUBLICATIONS.*

- (3) **TYCOM ASSISTANCE:** Includes clarification of 3-M instructions and other matters related to PMS administration.
  - (4) **OTHER:** Identify in detail any problem not covered by (1) through (3) above. Shifts of maintenance responsibility will be reported under this item. Ensure that all work centers involved in the change are identified by work center code. Approval by the Executive Officer will be shown in the "Remarks."
- d. **REMARKS:** Provide brief, but complete description of problem or requirement. Executive Officer indicate approval of maintenance responsibility shift by endorsement. Use additional forms if more space is required. Mark additional forms "page 2 of 2", "page 2 of 3", etc. Staple additional forms behind basic form.
  - e. **ORIGINATOR IDENTIFICATION:** Sign and insert work center code in appropriate space.

### 2. DIVISION OFFICER: Review for accuracy and completeness and sign in the space provided.

### 3. DEPARTMENT HEAD: Review for accuracy and completeness and sign in the space provided.

### 4. 3-M COORDINATOR:

- a. Serialize, date and sign in the appropriate spaces.
- b. **Routing Instructions:** For category "A" FPR's forward the white and yellow copies to the appropriate NAVSEACEN and the pink copy to the TYCOM. For category "B" FBR's forward the white, yellow and pink copies to the TYCOM. Retain blue copy in suspense file. Return green copy to the originator.